

**Results** 35 women fulfilled the criteria for enrolment. The median age at diagnosis was 43 years. FIGO stage was IA2 (75.8%) and IB1 (24.2%). Pelvic lymphadenectomy was performed in 53.4% of the cases. Lymphadenectomy omitted in 16 women with stage IA2 and LVSI-negative post-conization completely excised disease. Residual disease in the post-conization hysterectomy specimen was 1/35 (2.9%). Median follow-up was 83.00 (95% CI 24.00 – 159.00) months. During the follow-up period only one recurrence was observed, which resulted in a cumulative 2-year PFS of 97.1%. Mean PFS was 154.96 (95% CI 147.20 – 162.71) months. No severe (Clavien-Dindo >3) post-operative complications were noted.

**Conclusion** Our data demonstrated that Type A hysterectomy is safe and effective for selective women with early-stage low-risk CC. This evidence is in line with the recent prospective ConCerv trial. Further studies are warranted to draw firmer conclusions.

## 2022-RA-622-ESGO

## COMPARATION BETWEEN BRICKER VS DOUBLE-BARRELED WET COLOSTOMY AFTER PELVIC EXENTERATION

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**Introduction/Background** Pelvic exenteration is performed in patients who suffer from relapsed gynaecologic tumours, with most of them requiring some sort of urinary diversion.

**Methodology** The main objective of this study was to assess the urinary complications associated with the Bricker ileal conduit versus double-barrelled wet colostomy after performing a pelvic exenteration for gynaecologic malignancies.

**Results** A total of 61 pelvic exenterations were identified between November 2010 and April 2022; 29 Bricker ileal conduits and 20 double-barrelled wet colostomies were included in the urinary diversion analysis. Regarding the specific short-term urinary complications, no differences were found in the rate of urinary leakage (3 vs 0%;  $p = 1$ ), urostomy complications (7 vs 0%;  $p = 0.51$ ), acute renal failure (10 vs 20%;  $p = 0.24$ ) or urinary infection (0 vs 5%;  $p = 0.41$ ). Up to 69% of patients with Bricker ileal conduits and 65% of double-barrelled wet colostomies ( $p = 0.76$ ) presented specific medium/long-term urinary complications. No differences in the rates of pyelonephritis (59 vs 53%;  $p = 0.71$ ), urinary fistula (0 vs 12%;  $p = 0.13$ ), ureteral stricture (10 vs 6%;  $p = 1$ ), conduit failure and reconstruction (7 vs 0%;  $p = 0.53$ ), renal failure (38 vs 29%;  $p = 0.56$ ) or electrolyte disorders (24 vs 18%;  $p = 0.72$ ) were found. The OS (Overall survival) after pelvic exenteration at 12 and 48 months was 77% and 58%, respectively. The DFS (Disease Free Survival) at 12 and 48 months after pelvic exenteration was 64% and 51%, respectively.

**Conclusion** Between double-barrelled wet colostomy and the Bricker ileal conduit, the related urinary complications remained high regardless of the type of technique. In this context, the double-barrelled wet colostomy presents advantages such as the single stoma placement and the simplicity of the technique.

## 2022-RA-629-ESGO

ASSOCIATION OF FOLATE RECEPTOR  $\alpha$  EXPRESSION AND TUMOR IMMUNE MICROENVIRONMENT IN PATIENTS WITH CERVICAL CANCER

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**Introduction/Background** Folate receptor  $\alpha$  (FR $\alpha$ ) is an attractive target for cancer treatment based on its expression profile. We previously reported that FR $\alpha$  expression was higher in cervical adenocarcinoma than in squamous cell carcinoma (SCC) and associated with poor survival (Takamizawa et al., AACR 2021). However, the relationship between FR $\alpha$  and the immune microenvironment remains unknown.

**Methodology** We performed immunohistochemical analysis of whole tumor sections from patients with cervical cancer who underwent primary surgery between 2000 and 2020 at our institution. FR $\alpha$  expression was evaluated using anti-FR $\alpha$  monoclonal antibody clone 26B3. FR $\alpha$ -positive and FR $\alpha$ -high were defined as  $\geq 5\%$  of tumor staining and as H-score  $\geq 60$ . PD-L1 expression (clone 22C3) was assessed according to the combined positive score (CPS). The density of intratumoral CD3 and CD8 were calculated as the average number of positive cells in the five independent areas. The association between FR $\alpha$  expression and immune biomarkers was analyzed.

**Results** Overall, 123 patients were evaluated, and 67 were SCC and 56 were non-SCC. FR $\alpha$ -positive and FR $\alpha$ -high were identified in 72.4% and 27.6%. PD-L1 was positive (CPS $\geq 1$ ) in 75.6% and more commonly expressed in SCC (SCC vs. non-SCC; 83.5% vs. 66.1%,  $p=0.02$ ). FR $\alpha$  expression showed a significantly negative correlation with PD-L1 expression ( $r=-0.22$ ,  $p<0.001$ ), and median (IQR) PD-L1 CPS was 20 (5–60) in FR $\alpha$ -negative and 5 (0–25) in FR $\alpha$ -positive group ( $p=0.04$ ). FR $\alpha$ -positive was more frequent in PD-L1 CPS $<10$  groups than in PD-L1 CPS $\geq 10$  groups (81% vs. 64%,  $p=0.03$ ). Median CD3 and CD8 counts were not different between FR $\alpha$ -negative and FR $\alpha$ -positive groups.

**Conclusion** In cervical cancer, FR $\alpha$  expression negatively correlates with PD-L1 expression and is more common in the PD-L1 CPS $<10$  groups. Our findings suggest that FR $\alpha$ -expression may be a potential therapeutic target for cervical cancer with low/negative PD-L1 expression.

## 2022-VA-633-ESGO

## STANDARDIZED LEER PROCEDURE

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**Introduction/Background** Recurrence of cervical cancer is a challenge especially in patients who have received Radiochemotherapy for local extension at diagnosis. It is relatively